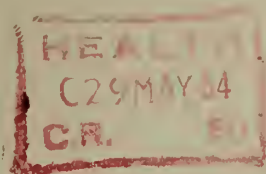


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LAUNCESTON RURAL DISTRICT  
COUNCIL

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ANNUAL REPORT  
of the  
MEDICAL OFFICER OF HEALTH

for the year

1 9 5 3



Health Area Office,  
LAUNCESTON,  
Cornwall.

W.H.P. MINTO, M.B., Ch.B., D.P.H.  
Medical Officer of Health



LAUNCESTON RURAL DISTRICT COUNCIL

Members of the Public Health and Housing Committee:

	W.R. SANDERCOCK, Chairman	
J.E. HEARD		Mrs KNEEBONE
F. BROAD		M.R. PENNEY
E. COWLING		W.H. VEALE
E.C. CHUDLEIGH		T. J. STROUT
W. DENNIS		W.E. WARREN
J.B. GRIGG		J.N. STEPHENS
L. HOOPER		G.T. BURNARD
W.B. KENT		C.L. SYMONS

-----  
Public Health Officers of the Local Authority:

MEDICAL OFFICER OF HEALTH:

W.H.P. MINTO, M.B., Ch.B., D.P.H.

Also holds appointments of:

Medical Officer of Health: Launceston Borough Council  
Bude/Stratton Urban District Council  
Stratton Rural District Council  
Camelford Rural District Council.

Assistant County Medical Officer, Area No. 6 Cornwall County  
Council.

School Medical Officer - Cornwall County Council.

SANITARY INSPECTOR:

T.A. JUDD, M.S.I.A.

# SUMMARY OF VITAL STATISTICS:

Area (in acres)	73,187
Population	6,493
No. of separate Dwellings occupied	2,557
Rateable value 1953	£26,510
Product of 1d rate	£107.10.3.390

Live Births	<u>TOTAL</u>	<u>Male</u>	<u>Female</u>	Rate per 1000 estimated population -
Legitimate	82	40	42	13.10
Illegitimate	3	2	1	
Stillbirths	2	1	1	Rate per 1000 estimated population - .308

Deaths (all causes) 76      43      33      11.70

Deaths from Puerperal Causes	}	N I L
Puerperal & post abortive		
Sepsis		
Other Puerperal Causes		

Infant Mortality (Deaths under 1 year per 1000 live births) Rate  
2 Males 23.51

	<u>Male</u>	<u>Female</u>	<u>TOTAL</u>
Deaths from Cancer (all ages)	4	6	10
Measles (all ages)		N I L	
Whooping Cough (all ages)		N I L	
Diarrhoea (under 2 years)	1	1	2

To the Chairman and Councillors of the  
Rural District of Launceston:

Mr Chairman, Mrs Kneebone and Gentlemen:

I have the honour to present the Annual Report of the Medical Officer of Health on the health and sanitary circumstances of the rural district for the year 1953.

The health of the people in the district, as far as can be judged by vital statistics has remained satisfactory. Full details are set out on pages 5 and 6 of the report and comparisons are made of the standardised rates for this district and those for England and Wales. The Table on Page 7 once again shows the four main causes of death to be Heart Disease, Cancer, Intra-Cranial Lesions, that is Cerebral Haemorrhage, and Bronchitis, all diseases which, for the most part, affect people in the later decades of life.

To come now to infectious diseases. An epidemic of Measles occurred in the early months of the year - 237 cases being notified. Whooping Cough followed with 10 cases and there was one case each of Scarlet Fever and Diphtheria. There were no cases of Smallpox, Enteric Fever or Poliomyelitis.

One can justifiably conclude then that the health of the district for 1953 was satisfactory.

As regards sanitary circumstances, details of which are given in the Report (Section C), the year 1953 has been, on the whole, a disappointing one. It was hoped in 1952, after many years of consideration and abortive negotiation, that "early permission to proceed (on five parish water schemes) may be granted in order to alleviate the existing insanitary conditions which prevail, in the interests of Public Health and to enable further much needed houses to be built". This permission was withheld: but a number of small schemes are now planned and approved so that "some taps can be turned on" in the district, while a comprehensive scheme, which one must admit is the real answer to the water problems in this district, is being prepared. The year marked the completion of the North Hill sewer and sewage disposal scheme - the first in the district and as the small water schemes proceed, the Council expect to introduce the much needed sewerage simultaneously.

Housing progress (see Section D) has again been slow and this must be, to a large extent, attributed to the lack of a piped water supply in the villages. 69 Council houses have been completed since 1945 (5 during the year under review). A few unfit houses have been demolished or made fit for human habitation, but when the very detailed report on the Survey carried out under the terms of the Hobhouse Report (Annual Report 1948) is

considered, it becomes obvious that these few can barely represent the normal deterioration since then. It follows that there must be over 200 occupied houses in the District which are unfit for human habitation, and I would submit that the post-war housing - shortage - rehousing" epoch is over and that the Council must forthwith seriously tackle a planned slum clearance programme, parish by parish, and marry it to future building and development.

I wish to place on record my gratitude for the co-operation I have received from the General Medical Practitioners in the District and my thanks to Mr T.A. Judd, the Council's Sanitary Inspector, who has given me every assistance throughout a difficult year and in the preparation of this report.

Finally, may I express my appreciation of the help and encouragement I have received from the Council and, in particular, from the Chairman and Members of the Public Health Committee.

I have the honour to be,

Your obedient Servant

W.H.P. MINTO

April 1954

Medical Officer of Health



## SECTION "A"

Area (in acres) 73,187      The district is essentially agricultural, the only industry not connected with agriculture being the New Consols tin and wolfram mine at Lockett and another smaller mineral working in Altarnun Parish.

Population - The Registrar General has estimated the population for the mid-year 1953 to be 6493 an increase of 23 in the population for the previous year. The "natural increase" in the population is the excess of births over deaths. In 1953 there were 9 more births than deaths.

It is important that too much weight should not be attached to small variations in these rates from one year to the other, particularly where relatively small populations are involved - attention should rather be paid to the trend of these rates over a period of years.

Deaths - The total number of deaths assigned to the district for the year was 76 compared with 95 in 1952. The crude death rate based on the mid-year population was (11.70) compared with 13.13 in the previous year. The following table has been compiled for comparison with previous years:

<u>Years</u>	<u>Total</u>	<u>Male</u>	<u>Female</u>	<u>Recorded Rate</u>
1948	65	35	30	9.93
1949	76	39	37	11.69
1950	80	36	44	12.30
1951	99	53	46	15.37
1952	85	44	41	13.13
1953	76	43	33	11.70

In order to compare the mortality in the district with the mortality for England and Wales, it is necessary to make a correction to allow for the difference in age and sex distribution of the two populations. This is done by applying to the crude death rate of the District an "Area Comparability Factor" which has been estimated by the Registrar General as .83 for the District.

The Standardised Death Rate, therefore, is 9.71 which may be compared with that of 11.4 for England and Wales.

Births - The number of live births assigned to this District was 85 compared with 84 in 1952. The rate per thousand of the population was 13.10. When the Registrar General's area Comparability Factor for births 1.12 is applied to this figure, the Standardised Birth Rate of 14.67 for this District compares with 15.5 for England and Wales.

Stillbirths - The number of stillbirths during 1953 was 2

Illegitimate Births - There were 3 illegitimate births assigned to the District during the year. Shown as a proportion of the total number of live births, this represents 2.35 per cent.

Infant Mortality - The number of infants who died before reaching their first birthday was 2 giving an Infant Mortality Rate of 23.51. This figure compares with 26.8 for England and Wales, per thousand related live births.

Causes of Death of Children under one year.

<u>Cause of Death</u>	<u>Age in weeks</u>					<u>Total</u>
	<u>-1</u>	<u>-2</u>	<u>-3</u>	<u>-4</u>	<u>5/52</u>	
Prematurity	2					2



# MORTALITY TABLE

Classified in accordance with 36 headings  
based on the Abbreviated List of the  
International Statistical Classifications  
of Diseases, Injuries and Causes of Death  
1948

<u>Cause of Death</u>	<u>Male</u>	<u>Female</u>	<u>TOTAL</u>
1. Tuberculosis, respiratory	-	-	-
2. Tuberculosis, other	-	-	-
3. Syphilitic disease	-	-	-
4. Diphtheria	-	-	-
5. Whooping cough	-	-	-
6. Meningococcal infections	-	-	-
7. Acute Poliomyelitis	-	-	-
8. Measles	-	-	-
9. Other infective and parasitic diseases	-	-	-
10. Malignant neoplasm, stomach	-	-	-
11. Malignant neoplasm, lung, bronchus	-	-	-
12. Malignant neoplasm, breast	-	3	3
13. Malignant neoplasm, uterus	-	1	1
14. Other malignant and lymphatic neoplasms	4	2	6
15. Leukaemia, aleukaemia	1	-	1
16. Diabetes	-	-	-
17. Vascular lesions of nervous system	6	4	10
18. Coronary disease, angina	4	2	6
19. Hypertension with heart disease	1	1	2
20. Other heart disease	14	8	22
21. Other circulatory diseases	1	-	1
22. Influenza	-	-	-
23. Pneumonia	1	1	2
24. Bronchitis	1	1	2
25. Other diseases of respiratory system	-	1	1
26. Ulcer of stomach and duodenum	1	-	1
27. Gastritis, enteritis and diarrhoea	1	1	2
28. Nephritis and nephrosis	-	-	-
29. Hyperplasia of prostate	1	-	1
30. Pregnancy, childbirth, abortion	-	-	-
31. Congenital malformations	-	-	-
32. Other defined and ill-defined diseases	4	2	6
33. Motor vehicle accidents	1	1	2
34. All other accidents	2	2	4
35. Suicide	-	3	3
36. Homicide and operations of war	-	-	-
	43	33	76

## SECTION B

### General Provision of Health Services in Launceston Rural District

#### General Medical Services

1. General Practitioners - the population is provided with general medical services under Part 4 of the National Health Service Act 1946 by the General Practitioners resident in the District and in adjoining districts.

Midwifery & Home Nursing - Midwifery Services in the district are provided by (i) the family doctor - ante and post-natal care and home confinements. (ii) the County Council - district midwives. (iii) the Regional Hospital Board - hospitals for delivery and treatment.

The County Council provides nurse midwives who attend general nursing and midwifery cases in the home.

The Regional Hospital Board provides staff for an Ante-natal clinic held at the Castle Green, Launceston for mothers who may be admitted to hospital on medical grounds for their confinement.

In 1952 Old Tree Maternity Home was opened and it is available for those mothers whose homes are considered unsuitable for domiciliary confinement. Trebarras Nursing Home, Liskeard is also still available for this purpose, and in 1953 some places were made available for Cornish mother's at Tavistock Maternity Home.

Health Visiting. - The County Council continues to provide a Health Visiting Service. The nurse-midwives are responsible for health visiting in the district and are specially trained in the care of the mother and young child. They are available to give advice on health matters in the home or at the clinic and also act as school nurses.

Home Help Service - The Home Help Service is provided by the County Council and the local Home Help Organiser, Mrs Gibson, is to be complimented on a valuable and efficient service.

Ambulance Service - The County Council is responsible for the Ambulance Service, day-to-day administration of which is carried out from the Health Area Office. A whole-time paid service is provided during week days and this is supplemented by part-time personnel of the voluntary Organisations at night time and during weekends.

Hospital Car Service - Utilecon sitting case ambulances are used for conveying the majority of sitting cases and when it is appropriate some such cases are carried by Hospital Car Service.

School Health - The County Council provides an extensive school Health Service. Your Medical Officer of Health in his capacity of School Medical Officer carries out routine and special examinations of the children and schools and immunisation.

Infant Welfare Centre - a fortnightly Infant Welfare Clinic is held at The Castle Green, Launceston. Your Medical Officer of Health is in attendance in his capacity as Assistant County Medical Officer.

Dental Clinic - A whole-time School Dentist is based on Launceston and he works at the County Council Dental Clinic in the Castle Green. This should, in time, overcome the results of the lack of a Dental service for school children which was mentioned in my Report for 1951.

Speech Therapy Clinic - In my 1952 report I referred to the difficulty experienced in securing the appointment of a Speech Therapist for East Cornwall. An appointment was made in 1953 and Speech Therapy for school and pre-school children is held each Friday at the Castle Green, Launceston.

Ophthalmic Clinic - The Regional Hospital Board Eye Specialist holds an Eye Clinic for school children and children under school age at the Castle Green, Launceston. This Clinic is arranged as and when a suitable number of children become available.

Orthopaedic Clinic - Also provided by the Regional Hospital Board at the Castle Green, Launceston is an Orthopaedic Clinic held weekly.

Out-patients' Clinics - The Regional Hospital Board also provides Out-Patients Clinics at The Launceston Hospital for Medical, Surgical, Gynaecological, Skin, Ear Nose & Throat, and Tuberculosis patients. A Physiotherapy clinic is available at the Tavistock and Holsworthy Hospitals. A psychiatric Clinic is held at The South Devon and East Cornwall Hospital, as is also a Venereal Diseases Clinic.

Chronic Sick - Accommodation is available for Chronic sick cases at St. Mary's Hospital Launceston and limited Part III accommodation is also provided there for those cases who come under the care of the Welfare Authority (Cornwall County Council).

Hospitals - The District is served by Launceston Hospital, and patients are admitted to the following hospitals in Plymouth. Prince of Wales, Mount Gold, S.Devon & E.Cornwall, Royal Albert (Devonport), Alexandra Maternity Home and the Royal Eye Infirmary. The Scott Isolation Hospital admits cases of Infectious Diseases from the district. Cases of Tuberculosis requiring sanatorium treatment are, as a rule, admitted to Didworthy Sanatorium.

Mental Health - Patients from the District who require hospital care and/or treatment for mental illness are admitted either to St. Lawrence's Hospital, Bodmin, Lanwel House, Bodmin or

Moorfields Hospital, Ivybridge.

Aftercare is a function of the County Council.

Laboratory facilities - The Public Health Laboratory, Dix's Field, Exeter is the easiest of access from this District and it renders valuable service towards the detection and prevention of spread of diseases in the District. A new Public Health Laboratory has been opened at Plymouth and this service should be useful for the Rural District.



## SECTION "C"

Water supplies. There are no public water supplies in the district except for a few houses in the Stokeclimsland district served by the Kelly Bray Water Company and, in 1952, this small private company went into voluntary liquidation. The Council applied to the Ministry of Housing & Local Government for a loan of £2,000 to purchase the assets of this Company.

At the end of 1952 the Council was awaiting the Ministry of Housing and Local Government Inquiry into the draft proposals for the following schemes:-

Altarnun & Five Lanes  
Egloskerry & Langore  
Warbstow & Canworthy Water  
North Hill  
Downgate

This Inquiry was held in January 1953 and I included in my Annual Report for 1952, relevant extracts from the evidence which I submitted.

Following the Inquiry the Minister was not prepared to approve these schemes, mainly on the grounds that a comprehensive water scheme for the whole district would be a more suitable proposition. After correspondence between the Council and the Ministry of Housing and Local Government, the Warbstow and Canworthy Water scheme was approved in principle and in October 1953 a Senior Engineering Inspector visited the Area to investigate the water supplies in South East Cornwall. An extract of this Inspector's report is set out below:-

" The Minister has concluded that at the present time there seems little chance that the Borough Council would need to carry out a joint scheme with your Council for the northern part of the Rural District or that the South East Cornwall Water Board would be in a position to sell water in bulk for any large Regional Schemes in the southern part of the Rural District. The only solution to these areas would appear to be for the Council to instruct their Consulting Engineers to prepare a scheme independently of either the Borough or the Water Board. Such a scheme would however take considerable time to construct and it is considered that the water supply position in the district is so bad that where possible the Council should construct suitable interim schemes to serve the villages.

The Minister is prepared to consider the following suggestions

- (1) Warbstow and Canworthy. The scheme was approved in principle on 28th July;

- (2) Altarnun, Five Lanes and Trewint. The existing borehole to be considered as the source for the supply. The information and particulars requested in the letter sent to you on the 27th July are awaited;
- (3) Lawhitton. The Council should approach the Borough Council for a bulk supply for the village from the Windmill Reservoir. When this has been arranged details including an estimate of the cost of the new works in the enclosed form K20 should be submitted;
- (4) South Petherwin and Daw's House. It is suggested that the Council should approach the Borough Council about the possibility of a bulk supply from the distribution mains of the Borough Council for these villages;
- (5) North Hill Village. The Council should approach the South East Cornwall Water Board for an increased bulk supply for this village. The Minister is prepared to agree to the inclusion of a reservoir of two day's capacity as originally requested by the Board;
- (6) Egloskerry. It is suggested that the Council seek the advice of the Geological Survey on the question of a site in the neighbourhood from which a supply might be obtained by boring;
- (7) Tregadillett. Here too the advice of the Geological Survey should be sought regarding the possible site for a borehole;
- (8) Downgate. It is considered that the only way of continuing the supply to that area at present supplied by the Company is for the Council to take over the mains of the Company within their district and negotiate on a fresh lease of the sources from the Duchy of Cornwall. The Council may well find there is sufficient water to enable the mains to be extended to supply other parts of Downgate. "

As a result of the Inspector's recommendations the following action was taken by the Council:-

(i) Warbstow & Canworthy Water, Water Scheme

A detailed scheme was prepared and approved by the Ministry for supplying water to Downinney, Warbstow and Canworthy Water at an estimated cost of £11,000. Eleven Civil Engineering Contractors have applied to tender. It is hoped to commence the scheme on 1st March 1954.

(ii) Five Lanes Scheme.

A detailed scheme for supplying water to Trewint, Five Lanes, Altarnun and Treween has been prepared and submitted to



the Ministry for approval. The estimated cost of this scheme is £9,350 and it is hoped to make a start towards the end of March next.

(iii) North Hill Village Scheme.

The South East Cornwall Water Board have now agreed to supply water from their trunk main to supply the domestic need only of North Hill Village and the scheme is now in the course of preparation for submission to the Ministry.

(iv) Lawhitton, South Petherwin and Daw's House

The Launceston Borough Council has been approached with the view to obtaining a bulk supply for these areas.

(v) Downgate

Negotiations have been re-opened with the Kelly Bray Water Company with the view to the Council taking over the mains of the Company within their district.

Sewerage Schemes

North Hill

During the course of the year this scheme has been completed and many house connections made.

Stokeclimsland and Venterdon

An Inquiry was held by a Senior Engineering Inspector in January. Certain recommendations were made but the Ministry were unable to give permission for the work to proceed owing to the present economic conditions.

Five Lanes and Altarnun Schemes.

As a water scheme has now been prepared for this area, the Ministry have advised that the preliminary sewerage scheme, already approved in principle, be detailed and submitted for final approval.

Prevention of Damage by Pests Act 1949

As the Council has not appointed a Rodent Operator, little work has been done, except in cases where complaints have been received.

Moveable Dwellings.

There are 13 moveable dwellings licensed under the Public Health Act 1936 for individual caravans on isolated sites. In each case the applicant has provided a satisfactory water supply,

waste water drain and Chemical Closet.

### Refuse Collection

All the villages and hamlets together with houses along the routes connecting the villages receive a once-monthly collection of refuse. During the summer months an additional fortnightly collection is made at all catering establishments.

### National Assistance Act, 1948

No certificate under Section 47 of this Act was submitted to the Council by the Medical Officer of Health. The Medical Officer of Health is authorised by the Council to take immediate action to obtain removal orders under Section 47 of the National Assistance Act, 1948 as amended by the National Assistance (Amendment) Act, 1951.

The type of case involved in such action comprises persons who, suffering from grave chronic diseases or, being aged, infirm or physically incapacitated, are living in insanitary conditions and unable to devote themselves or obtain proper care and attention.

As a result of the decision of the Council it should be possible in future to expedite the removal of any such case to a place of safety.

## SECTION "D"

### Housing

Total number of Council Houses	69
Council Houses completed during 1953	5
Council Houses in course of construction at 31.12.53	6
Private enterprise houses built since 1945	36

### Housing Statistics

1.	Inspections of dwelling houses during year:	
(a)	No. of dwelling houses inspected for defects under Public Health Housing Acts	38
(b)	Inspections made for the purpose	56
2.(a)	No. of dwelling houses inspected and recorded under Housing Consolidated Regs. 1925/32	15
(b)	Inspections made for the purpose	15
3.	No. of dwelling houses found to be in a state dangerous or injurious to health as to be unfit for human habitation	6
4.	Dwelling houses (exclusive of those under preceding sub-heading) not in all respects reasonably fit for habitation	30
5.	Remedy of defects during the year without the service of Formal Notice	27
6.	Action under Statutory Power during the year	
(a)	Proceedings under Section 9, 10 & 16 of Housing Act 1936:	
(i)	Dwelling houses in respect of which notices were served requiring repairs	NIL
(ii)	Dwelling houses rendered fit after service of Formal Notices:	
	By Owners	NIL
	By Local Authority in default of owners	NIL
(b)	Proceedings under Public Health Acts:	
(i)	Dwelling houses in respect of which notices were served requiring defects to be remedied	6
7.	Dwelling houses in which defects were remedied after service of Formal Notices	
	By Owners	5
	By Local Authority in default of owners	NIL
8.	Proceedings under Sec. 11 & Sec. 13 of the Housing Act 1936	

(i)	Dwelling houses represented under Sec.11	5
(ii)	Dwelling houses in respect of demolition order	5
(iii)	Dwelling houses demolished	NIL
(iv)	Dwelling houses rendered fit by owner	NIL
(v)	Dwelling houses where undertaking not to re-let at end of present tenancy were accepted from the Owner	5

9. Proceedings under Sec.12 of the Housing Act 1936:

(i)	Separate tenements or underground rooms in respect of which Closing Orders were made	1
(ii)	No.of separate tenements or underground rooms in respect of which Closing Orders were determined	NIL

10. Proceedings under Sections 25 & 26 of the Housing Act 1936

(i)	No.of houses dealt with under Sec.25	NIL
(ii)	No.of Clearance Orders made under Sec.26	NIL
(iii)	No.of families living in Clearance Areas	NIL

Overcrowding

Two cases of overcrowding were met with during the year, in one case the overcrowding was abated by the action of the Council in re-housing the family.

## SECTION "E"

### Inspection and Supervision of Food.

Milk - One supplementary licence for the retail of Pasteurised milk has been issued by the Council. With this exception all the milk sold in the district is from produce-retailers.

Ice Cream - There is a model Ice Cream Factory at Trebursye where conditions are satisfactory.

Food Premises. - There are in the district:-

Catering Establishments	13
Butcher's Shops	10
Grocer's Shops	27
Bakeries	NIL

In almost all cases the catering establishments and shops are small and nearly all the grocer's shops are village stores.

Visits paid to food premises	128
Informal Notices served	8
Informal Notices complied with	6

The Council has adopted Byelaws under Section 15 of the Food & Drugs Act 1938 for clean handling of food.

Meat Inspection - All Home killed meat supplied in this district is slaughtered at Launceston Abattoir where it is inspected prior to distribution.

During the year the following was condemned:

65 lbs beef
15 bls cheese
4 tins Ham
10 lbs butter

Slaughterhouses - At the time of writing this report it seems probable that within a few months meat will come off the ration and the Ministry of Food will cease to be the distributors of meat. I should like to stress that it is my opinion that it would be a most retrograde step to go back to the day of a multiplicity of private slaughter houses, many of which were quite unsuitable, and, owing to the scattered nature of the slaughter houses, totally inadequate supervision and meat inspection.



## SECTION F

### Prevalence of, and Control over, Infectious and other Diseases.

Smallpox - No case was reported during the year under review. It must however be remembered that an increasing number of persons who are incubating Smallpox arrive in this country and with the modern rapid means of travel available, this danger is likely to increase. The danger to an unvaccinated or part-vaccinated person is a very real and alarming one and the vaccination figures for the District for 1953 (set out below) give no cause for complacency:

	<u>Vaccination</u>	<u>Re-Vaccination</u>
1948	15	-
1949	45	-
1950	20	-
1951	37	10
1952	25	4
1953	48	8

Maximum publicity must be given to the advisability of parents having their babies vaccinated. at about the age of 4 months, when primary vaccination carries the least risk of complications.

Diphtheria - One case of Diphtheria was notified during the year. The number of children Immunised during 1953 was:-

Age at 31.12.53 i.e. Born in Year	Under 1 1953	1 - 4 1952-1949	5 - 9 1948-1944	10-14 1943-1939	Under 15 total
--------------------------------------	-----------------	--------------------	--------------------	--------------------	----------------------

Last complete course of injections (whether primary or booster) A.1949-1953	3	209	245	155	612
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B.1948 or earlier			13	1	14
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C. Estimated mid- year child population	90	355	417	399	1261
---	----	-----	-----	-----	------

Immunisation is carried out at the Infant Welfare Centre, Castle Green and also when required at School Medical Inspections. Application for immunisation can be made to the Cornwall County Nurses or arrangements can be made with General Practitioners under the National Health Service Act 1946. It should be pointed out



that although as a result of Immunisation, very few cases of Diphtheria now occur, the disease itself is by no means a thing of the past. Carriers of the disease are frequently found and when they pass their infection on to unprotected children, it usually takes a very severe form. Every effort must be made to persuade the parents of all children, especially babies, to have them protected by Immunisation as it is the level of immunity in the population as well which keeps the disease at bay.

Measles and Whooping Cough - Here again it is the level of immunity in the population that matters and the table below shows the notifications of Measles and Whooping Cough since 1948

	<u>Measles</u>	<u>Whooping Cough</u>
1948	6	47
1949	42	27
1950	1	18
1951	42	15
1952	1	1
1953	237	10

An efficient Whooping Cough vaccine is now available and can be administered in combination with Diphtheria Prophylactic. It is very well worth while to have babies protected from Whooping Cough, a disease which, while it seldom kills, frequently leaves chronic chest conditions which persist through life. This protection is afforded under the same arrangements as those described above for Diphtheria. It is best to start these injections under six months of age so that protection may be obtained from Whooping Cough at the age where this disease has the most serious effect.

Acute Poliomyelitis - No case was notified in 1953

Food Poisoning - No cases were notified during 1953

#### Tuberculosis

	<u>Males</u>		<u>Females</u>	
	<u>Pul.</u>	<u>Non Pul.</u>	<u>Pul.</u>	<u>Non Pul.</u>
Cases on Register 31.12.52	12	2	11	2
No. of cases notified during 1953	4	1	2	-
Cases restored	1	-	-	-
Inward Transfers	-	-	-	-
Cases removed	1	1	1	1
Cases on Register 31.12.53	12	2	12	2

No action was found to be necessary under the Public Health (Prevention of Tuberculosis) Regulations, 1925, in connection with persons suffering from pulmonary tuberculosis employed in

the milk trade, or under Section 172 of the Public Health Act 1936, which deals with the compulsory removal to hospital of persons suffering from tuberculosis.

The Regional Hospital Board is responsible for treatment of Tuberculosis patients and the County Council for the prevention of spread of the disease and aftercare of the patients.

Out-patients and contacts are seen by the Chest Physician (Dr. Mellor) at the Chest Clinic at Launceston Hospital. The County Council Tuberculosis Health Visitor attends the Clinic, follows up the patients in their homes, traces contacts and sources of infection and thus acting as a most valuable and essential "liaison officer" between the curative and preventive services, bridges a most administrative alarming gap.

It may be of interest to note that at the end of 1953 all susceptible contacts of known cases in the District had been offered B.C.G. Vaccination. By the end of 1953 103 persons had received this protection in Area No. 6. It is now proposed to offer B.C.G. Vaccination to all susceptible school children in the 4-year old group.

SECTION G

Factories Act 1937

Classified list of Registered Factories as at 31.12.53:

Total Number of Factories	20
Total Number of Factories with Power	17

	<u>Power</u>	<u>Non-Power</u>
Agricultural Food Stuff	2	
Engineers & Agricultural Implements	5	
General Smithing		2
Stone Dressing	1	
Motor Repairs	4	
Concrete Block Making	1	
Joinery	2	
Ice Cream Factory	1	
Saw Mills	1	
Scrap Merchant		1

Total Visits	36
Formal notices	NIL
Informal notices	3

TABLE I  
TUBERCULOSIS

Age and Sex Distribution of cases  
and Deaths - 1953

<u>AGE GROUPS</u>	<u>New Cases</u>				<u>Deaths</u>			
	<u>Pulmonary</u>		<u>Other</u>		<u>Pulmonary</u>		<u>Other</u>	
	<u>M.</u>	<u>F.</u>	<u>M.</u>	<u>F.</u>	<u>M.</u>	<u>F.</u>	<u>M.</u>	<u>F.</u>
0 -	-	-	-	-	-	-	-	-
1 -	-	-	-	-	-	-	-	-
5 -	-	-	-	-	-	-	-	-
15 -	-	-	-	-	-	-	-	-
20 -	-	-	-	-	-	-	-	-
25 -	-	1	-	-	-	-	-	-
35 -	-	-	1	-	-	-	-	-
45 -	-	1	-	-	-	-	-	-
55 -	-	-	-	-	-	-	-	-
65 -	-	-	-	-	-	-	-	-
65 and over	-	-	-	-	-	-	-	-
Age not known	-	-	-	-	-	-	-	-

TABLE II  
VITAL STATISTICS

Summary for previous years

Year	Estimated Population	<u>Births</u>		<u>Deaths</u>			
				Under 1 year		All ages	
		No.	Crude Rate	No.	Infant Mortality Rate	No.	Crude Death Rate
1948	6,546	94	14.36	2	21.27	65	9.93
1949	6,496	95	14.62	2	21.05	76	11.69
1950	6,500	93	14.30	3	32.26	80	12.30
1951	6,438	89	13.82	5	56.18	99	15.37
1952	6,470	84	12.98	5	59.52	85	13.13
1953	6,493	85	13.10	2	23.51	76	11.70

TABLE III

Monthly Incidence of Notifiable Diseases

(Other than Tuberculosis)

	JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER
WHOOPING COUGH	4	2	1	1	1	-	-	-	1	-	1	-
MEASLES	-	3	60	69	28	36	39	2	-	-	-	-
SCARLET FEVER	-	-	-	-	1	-	-	-	-	-	-	-
PNEUMONIA	1	-	-	-	-	-	-	-	-	-	-	-
DIPHTHERIA	-	-	-	-	-	-	-	-	1	-	-	-

TOTALS: Whooping Cough = 10  
 Measles = 237  
 Scarlet Fever = 1  
 Pneumonia = 1  
 Diphtheria = 1



TABLE IV

Notifications of Infectious Disease  
in Cornwall County Council, Area 6  
during 1953

	WHOOPING COUGH		MEASLES		SCARLET FEVER		PNEUMONIA		DIPHTHERIA		POLIOMYELITIS paralytic		POLIOMYELITIS nonparalytic		PUERPERAL PYREXIA		TUBERCULOSIS pulmonary		TUBERCULOSIS nonpulmonary	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
Launceston Rural District	6	4	104	133	-	1	1	-	1	-	-	-	-	-	-	-	2	1	-	-
Launceston Borough	11	17	90	74	-	1	-	-	-	-	-	-	-	-	-	-	2	4	-	-
Bude/Stratton Urban District	3	11	39	39	5	3	1	-	-	-	-	2	2	-	-	-	1	1	-	-
Stratton Rural District	2	6	50	35	5	2	4	-	-	-	2	-	-	-	-	1	1	-	-	-
Camelford Rural District	5	12	22	23	1	-	5	1	-	-	1	1	-	-	-	-	4	5	1	2
TOTALS	27	50	305	304	11	7	11	1	-	1	3	3	2	-	-	1	8	12	2	2

